PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLA V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	([3])
County Calvert	Registration Dist. No. 50
Village or City Broomes elsland	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jarah & Drong	If U. S. Veteran, specify WAR
(a) Residence: No. Broomes Elalofiel (Usual place Wabode)	St., Ward. If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While 5. Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH JUST 2 2 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lr, Julius O. Darsey	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Oct. 26, 1854 7. AGE Years Months Days If LESS than	I lest saw had alive on alive on 1937; death is seld to have occurred on the date stated above, at 122 m.
82 9 25 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which	Cartal Allangentation 6/237
work was done, as SILK MILL, SAW MILL, BANK, etc	Milina (duylo, 178)
this occupation (month end spent in this defendance occupation occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Called Co. (State or country)	
14. BIRTHPLACE (city or town) Calvert Co	Name of operation
(State or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Sarah E. Aloung Bowen	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sarah E: Ajoung Bowen 16. BIRTHPLACE (city or town) Calrett Cf	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Miss Mace blowing (Address) Browns stated	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Down Private Lot Date Clary 24, 19-37	Manner of Injury
19. UNOERTAKER A. G. Harkness 4 Str. (Address) muleus mel.	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO Ay 23, 1927 Alekan Registrar.	(Signed) 8 Sedewick M. D. (Address) Living Redevicte
If more blanks are needed, address State Registrar.	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

CTATE OF MADVIAND CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SEP 7 193	7		
Other contributory causes of importance:	5.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 863
1. PLACE OF DEATH	46-8
County Calvert	Registration Dist. No. 51
	NoSt.,St.,St.
Length of residence in city or town where deeth occurradyrsmo	sds. How long in U.S.If of foreign birth?yrsmos
(a) Residence: No. Prince Frederick (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Month) (Dey)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of Manie Farielle Gray	22. HEREBY CERTIFY, That i ettended deceese
5. DATE OF BIRTH (month, dey, end yeer) July 17. 1853	1 isst saw har surelive on all 12, 13 th death
7. AGE Yaers Months Deys If LESS than	to heve occurred on the deta steted abova, at
84 0 26 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were es follows:
Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Lawyer	
9. Industry or business in which work was done, as SILK MILL,	L'avernouse
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end yaer)	Strund, 6
12. BIRTHPLACE (city or town) Calout Co (Stete or country)	Other Contributory Causes of importance:
C. O. Alak	Take to the second
(State or country)	Nema of operation. Deta of
	What test confirmed diegnosis?
0. 4 . 0	23. If daeth was dua to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Marie Co. (State or country) Marie Country	Where did injury occur?
17. INFORMANT John Street hay gy.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE ST. Paulo P. F. Deta aug 14, 19.37	Mennar of Injury
19. UNDERTAKER Q. Q. Hashuss & Son	24. Wes disease or injury in any way releted to occupation of deceased?
20 FUED 13/37 19 2 N. King	(Signed) Of Mount

Registrar.

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

That i ettanded deceesed from

e of Injury______ 19__

(Address)

Date of enset

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BHI EAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones*	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. > (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foraign birth? ______vrs.__ 2. FULL NAME _If U. S. Veteran, specify WAR_. (a) Residence: N (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Month) 5a. If married, widowed, or divorced HUSBAND of ERTIFY That I attended deceased from (or) WiFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Months if LESS than 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Pate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased lest workad at 11. Total tima (yaars) this occupation (month end spent in this occupation yaar) 12, BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME Neme of operation ____ 14. BIRTHPLACE (city or Youn (State or country) What tast confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIOL ENCE) fill In also the following: 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, QR REMOVAL Menner of injury Nature of injury_ 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Addrast) if so, specify Registrar. (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 8 1937			
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year
		V 2 4	11 NO.12
		A A A A A A A A A A A A A A A A A A A	My 2 23

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ARGIN

V. S. No. 1

m

(Address)

Oate of onset

Registrar.

If so, specify.

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Example I The principal cause of death and related causes leate of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1927	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	SEP & Live	1991	Run over by street car	1 week ago	
Cerebral hemorrhage	PHREAU V.	July 5 1927	Peritonitis	3 days ago	
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH 0091
1. PLACE OF DEATH	210-m) ± 5
County 21 1 1 1 1 1	Registration Dist. No.
	death occurred in a horpital or institution, give its NAME instead of street and number
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME // Oyull Ysay	If U. S. Veteran, specify WAR
(a) Residence: No. Conclude (Usual place of shode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
inale Color or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of Cornelle Share	22. I HEREBY CERTIFY That i ettended deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 93 1886	I last saw harden elive on All for the said
7. AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence, were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Labour	Compains pretine of ught aug ?
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end	Balillus Welchie aug!
10. Date deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Calvert (Ca. (State or country)	Other Contributory, Causes of Importence:
13. NAME Charles Faylor Trene	4.4
13. NAME Charles taytor Steary 14. BIRTHPLACE (city or town) Calvert CV (State or country) Calvert CV	Name of operation Assignation Date of Aug 7 What test confirmed diagnosis? Was there an autoposy? Life
15. MAIDEN NAME (S) as Solle. Taylor,	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME of allotte. Taylor 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? acuded Date of Injury 24 9, 1937
E (State or country) Calvert Ce	Where did injury occur? State Road
17. INFORMANT Jegnette Stery	Specify whether injury occurred in NDUSTRY, in HDME, or in PUBLIC PLACE:
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury left Cought Upliance & Vorgelo
Place Thy 13 / 13 / Shammer 19	Nature of injury Companied Community of proces
19. UNDERTAKER Stormapolis	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 1917, 1917 W 14 Hardes by. Registrar.	(Signed) M. D. (Address Dessell Helders)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	7	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

V. S. No. 1

state

of OCCUPAshould

STATE OF MARYLAND-CERTIFICATE OF DEATH

8	6	18	6)	
0	0	4	C	

1. PLACE OF	DEATH			(159)	
County	County Defruit			Registration	on Dist. No. 5
Village or Ci	ty ort a	chu	blic	No	St., Ward
I anoth of recid	lence in city or town where			death occurred in a hospital or institution, give its NAds. How long in U.S. If of foreign birth?	
		death occurred	Z1		
2. FULL NAM	ME	D	Harr	If U. S. Veteran, specify WAR_	
(a) Residence	ce: No. Jour	(Usual place	ic	St., Ward.	ent give city or town and State
PERSON	AL AND STATIST			MEDICAL CERTIFICA	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED WIDOWED.	21. DATE OF DEATH	. 4
m	C	OR DIVORCE	D (write the word)	ung	23 , 193 7
ia. If married, widowe	ed, or divorced	1		(Month)	(Day) (Yéar)
a. If married, widowe HUSBANO of (or) WIFE of	.,			22. I HEREBY CERTI	FY, That I attended deceased from
(1)	- 0	931	1957	, 19, to	, 19
DATE OF BIRTH	month, day, and year)	7		I last saw h alive on	; death is said
7. AGE Yaar	rs Months	Days	If LESS than	to have occurred on the data steted above, at	m.
0 0	ang	23	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related c	
8. Trade, profes	sion, or particular			\sim \sim	Oate of onset
kind of w SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc			1 remalure or	2th
kind of w SAWYER, 9. Industry or t work was SAW MILL 10. Oata dacease	business in which dona, as SILK MILL,				
SAW MIL	L, BANK, etc			Time mon	ffer)
10. Oata dacease	ed last worked at pation (month and		ime (years) nt In this		
year)	~	000	pation	Other Cautributery Causes of Importance:	
12. BIRTHPLACE (cit	y or town)	oup.	eblic		
(State or coun	itry)				
13. NAME	Som ;	Harr	pol-		
14. BIRTHPLACE	(city or town)	1 Res	ublic	Nama of operation	Oate of
Stata or			my	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NA	ME Mah	200	arto	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAT	Coity or Louis Porc	1 Reh	rblic	Accident, suicide, or homicide?	Date of injury
(State or		10	ma		part of Artist Table
	0-1- by	40000	24	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT (Address)	Dens 1	Pehra	Also	-	
18. BURIAL, CREMAT	ION, OR REMOVAL	0	,	Manner of injury	
Place	Vers Cress, Op	Date 8	723 ,1987	Neture of Injury	***********
/	300	, . /.	11		
19. UNOERTAKER	Dineil	aro 1	2	24. Was dicease or Injury in any way related to oc	cupation of deceased/
(Address)	C	guld	~	If so, specify	A
20. FILED	23,1937 €	1.7.00	here	(Signed)	Breleine 3
/	/		Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II	
The principal cause of dof importance were as for	llows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 8 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Μ̈́

(State or country)

15. MAIDEN NAME

(Address)

(Address)

(Stata or country)

16. BIRTHPLACE (city or town)
(State or country)

18. BURIAL, CREMATION, OR REMOVAL

13. NAME

FATHER

MOTHER

ould state

STATE OF MARYLAND	-CERTIFICATE OF DEATH 8643
1. PLACE OF DEATH County Calnerf	Registration Dist. No. 5
Village or City Feotras Village or City Street Village or City Or town where death occurred yrs.	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME James Bernard John (a) Residence: No. S.A. Jamands (Usual place of abode)	St., Ward. If u. S. Veteran, specify WAR. St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND OF Rosalie Johnson	22. I HEREBY CERTIFY, That I attended deceased from January 4., 1937., to July 2., 1937.
6. DATE OF BIRTH (month, day, and yast) Jaw 2, 1882 7. AGE Years Month Days If LESS tha	Mast saw half aliva on Mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above, at the mast said to have occurred on the date stated above.
7. AGE Years Month Days If LESS that 1 day, or min.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows;
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	of the left tung. 1936
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	
10. Data decaasad last worked at this occupation (month and year)	
	Other Contributory Causes of importance:

me of oneration Dat

23. If death was due to external causas (VIOL ENCE) fill in also the following:

Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Specify whether injuly occurred in Industri, is nowe, of its Poblic Flace

If so, specify
(Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage SEP 7 1937	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state

STATE OF MARYLAND-CERTIFICATE OF DEATH

8	1	0	0	
1	12		4	-1
	1		79	72

1. PLACE OF DEATH	0	(210-m)	
County Calver	F	Registration	Dist. No. 52
Village or City Pau		No	St., Ward
		If death occurred in a hospital or institution, give its NAM	
Length of residence in city or town	where death occurred yrs.	sds. How long In U.S. if of foreign birth?	yrsas.
2. FULL NAME	of remed to	If U. S. Veteran, specify WAR	
(a) Residence: No. / Up	searly Mell	St., Ward.	
DEBSONAL AND STA	(Usual place of abode) / TISTICAL PARTICULARS	MEDICAL CERTIFICATI	t give city or town and State
3. SEX, 4. COLOR OR RA		21. DATE OF DEATH	L OI DEATH
S. S.L.A.	OR DIVORCEB (write the word)	21. DATE OF BEATH	28 1937
		(Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIF	Y. That I attended deceased from
(or) WIFE of		8/28/27 19 10	
6. DATE OF BIRTH (month, day, and year	/ Sust 1776	I last saw h. alive of the	; death is said
7. AGE Years Mor		to have occurred on the date stated above, at 2,2	OPm.
24	/ /2 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related cau	ses of Importance
8. Trade, profession, or particular	7	I welsued also	Date of onset
kind of work done, as SPINN SAWYER, BDOKKEEPER, etc Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc To Date deceased last worked at this occupation (month and	ER, Jane	Frankined new	E
industry or business in which		Clest much	of in
work was done, as SILK MILL SAW MILL, BANK, etc.		abdunen by	eld
- this soonbacton (months and	11. Total time (yeers) spent in this	last les mastre	8 up 8/28/
year)	occupation	Other Cantributory Causes of importance:	
12. BIRTHPLACE (city or town)	14-1	Kello freestandly	
(State or country)	cy ,	120004	
13. NAME Michael	of thing		
14. BIRTHPLACE (city or town)	MA	Name of operation	Dete of
(Stete or country)	1009	What test confirmed diagnosis?	Was there en autopsy?
15. MAIDEN NAME	nie llove	23. If death was due to external causes (VIOLENCE)	fill In elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	rail	Accident, suleide, and suleide?	Dete of Injury 8/28 1937.
State or country)	recq	Where did injury occur? Paris Mus	
17 INFORMANT My Soc	Cox	Specify whether injury occurred in INDUSTRY, in the	on town, county and State) OME, or in PUBLIC PLACE.
(Address) Change of	leal	Problem pla	ne road
18. BURIAL, CREMATION, OR REMOVAL	1	Manner of injury with Gart	fole so
Place Mu Har	merody Argal 34927	Nature of injury Junious	chull ste
19. UNDERTAKER 2074 H	loh	24. Was disease or injury in any way related to occu	pation of deceased?
(Address)		If so, specify	
20. FILED. Aug. 1- 30 19372	(N Handert	(Signed) Hay W	Vary M.D.
20, FILEU	Registrar.	(Address) On	my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

STATE OF MARYLA	ND-CERTIFICATE OF DEATH
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1. PLACE O	F DEATH			6-	1	W	01	UTU
County	Calvert			(43	Regis	tration Dist. No	52	
Village or (City North Be		(i	No. f death occurred in a horpital o	r institution, give i	ts NAME instead of	St.,street and nur	Ward
2. FULL NA	ME Charles ce: No. 315 Nev	A. Lync	h Ave. S.		Washir	ngton, D.	С.	V
PERSON	AL AND STATIST	CAL PARTIC	CULARS	MEDICA	AL CERTIFI	CATE OF DE	ATH	
s. sex Male	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,			21. DATE OF DEA	TH aug	ust 2	85.,	193 37
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorcad					TIFY, That i		
6. DATE OF BIRTH	(month, day, and year)	ept.26.	1883	I last saw h alive		, to		
7. AGE Yea	Months	Days	to have occurred on the dail The PRINCIPAL CAUSE OF ware as follows:	te stated abova, at	11.30 Am.	ance	Date of onset	
8 Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation.				while &	ach.	uly ugla		
12. BIRTHPLACE (cit		eresy		Other Contributory Causes	of importance:	tion	2 •	
13. NAME JO	hn Lynch			Duzo	tion: Pen	Brance	Some A.	
14. BIRTHPLACE (State or	(city or town) New	Jeresy		Nama of operation What test confirmed diagno				
16. BIRTHPLACE	ME Mary Hage: (city or town) country) New Je		23. If daath was due to exter Accident, suicide, or homici Whera did injury occur?	nal causes (VIOLI de?	ENCE) fill In also the	following:		
17. INFORMANT (Address)			Specify whether injury occu	(Specify rred in INDUSTR	y city or town, county Y, In HOME, or in PU	y and State) BLIC PLACE	P	
18. BURIAL, CREMAT	ion, or removal hington, D. C	. Date 8/31	Manner of Injury					
19. UNDERTAKER (Address)	ames 1. 07 317 Oa. Out	you to	24. Was disease of injury in If so, spacify (Signed)	any way related	o occupation of dece	ased MU	M. D.	
			Registrar.	(Address)	WALL .	Deoch	Med	

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	RLIN .
01		Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAI V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

48 48 W

certificate.

jo back

See instructions on

TION is very important.

19. UNDERTAKER

-WRITE

M

V. S. No. 1

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should state item of inforOCCUPA-

Jo

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 8646
1. PLACE OF DEATH		
County Casuer	-	(181) Registration Dist. No. 51
Village or City June Fuel	rich	No. Alust to Hangstell St., Ward f death occurred in a hospital or institution, give WNAME instead of street and number)
Length of residence in city or town where death of	occurredyrs,mos	s
2. FULL NAME Heless to	Succea Mu	eleccl If U. S. Veteran, specify WAR
(a) Residence: No. Austeal	(Usual place of abode)	O St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S. O	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attended deceased from 19 37 to June 19 37
6. DATE OF BIRTH (month, day, and year) Marc	ch7/930	Hast/saw h. & alive on Allf
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
7 5 /	1 day,hrs.	The follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Dura Segue Dura Date of onest
SAWYER, BOOKKEEPER, etc		These was no lowning building involved.
O To. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Calvel (State or country)	13	Other Contributory Causes of importance: The third-dagree burner resulted from an
13. NAME CONSESSED 1	Madhall	

FATHE 14. BIRTHPLACE (city or town) (State or country) MOTHER 16. BIRTHPLACE (city or town (State or country) 17. INFORMANT (Address)

OR REMOVAL

(Address)

Specify whether injury occurred in INDUSTRY, in HOME, or in Nature of Injury 24. Was disease or injury

If so, specify (Signed: (Address

(Specify city or town, county and State)

Registrar.

Name of operation

Where did injury occur?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SECEIVED	July 5,1927	Peritonitis	3 days ago
CED S 1937			
Other contributory causes of importance: Gallstones Gurran Gurran	1	Other contributory causes of importance: Gastroenteritis	
Guisiones	May 1,1923	Gastroenterius	1 year

V. S. No. 1 œ.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	820
County alfa	Registration Dist. No.
Village or City	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1/9	
2. FULL NAME TASSY Jay	If U. S. Veteran, specify WAR 3 MLO. World War.
(a) Residence: No	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fathe Gray	22. I HEREBY CERTIFY That I attanded deceased from (MAN) 8 ,1937, to MA 9 ,1937
6. DATE OF BIRTH (month, day, and year) Man 4 / 1890	I last saw h AM alive on and 8 (1, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at . 5m.
49 3 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Blackarmith	Cerelial Hernonhage dugs, y
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and	
10. Date daceased last worked at this occupation (month and 11.7 Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Dullus Of (State or country)	Other Contributory Causes of importance:
13. NAME Calely Jasse	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME XELLAGET White	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Lieg! The phers. (Address) I See Lynn	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Carrolle Date 10,1937	Nature of injury
19. UNDERTAKER Milson Mason (Address) President Xol.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8 9 , 19.3.7	(Signed) Affil M. D. (Address) Annual Full Luck

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related caus of importance were as follows: Arteriosclerosis	E Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage SEP 8 19	July 5, 1927	Peritonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year